

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Navajo

District of _____

Town of Woodruff

or _____

City of _____

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 481

County Registrar No. _____

Local Registrar No. _____

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Albert Wayne Crandell
(If child is not yet named, make supplemental report, as directed.)3. Sex of Child male
To be answered ONLY in event of plural births.

4. Twin, triplet or other. _____

6. Legitimate? Yes7. Date of birth June 19, 1927
Month Day Year

5. No., in order of birth. _____

8. FATHER

Full name George Loren Crandell9. Residence
(Usual place of abode) WoodruffIf non-resident, give place and state. Arizona10. Color or race white11. Age at last birthday 31 (Years)12. Birthplace (city or place) Pinedale(State or country) Arizona13. Occupation Way Laborer

Nature of industry

14. MOTHER

Full maiden name Thelma Pearl Turley15. Residence
(Usual place of abode) WoodruffIf non-resident, give place and state. Arizona16. Color or race white17. Age at last birthday 27 (Years)18. Birthplace (city or place) Juarez(State or country) Mexico19. Occupation housewife

Nature of industry

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 6(b) Born alive but now dead 0(c) Stillborn 021. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9.30 P.m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Mrs. P. E. GardnerAddress Woodruff Arizona

(Physician or midwife).

Given name added from a supplemental report

Month, day, year

Filed _____, 19 _____

Filed _____, 19 _____

Registrar

Local Registrar Sara Brinkerhoff

County Registrar

133-119-336

2b. Add the number of cases in

order of birth stated.

A. B. - In case of error, give exact date at which the order of birth stated.